TENNESSEE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
and the
TDMHDD PLANNING & POLICY COUNCIL
FY 2004 Joint Annual Report
July 1, 2003 – June 30, 2004

TDMHDD SERVICES, PROGRAMS AND FACILITIES

Since the advent of managed care, DMHDD has used its discretionary funding to maintain a system of care, complementary to clinical services provided under managed care. These initiatives are generally aimed at support and recovery services for adults and targeted prevention and early intervention services for children and youth. DMHDD is a strong supporter of school-based intervention from an early age. Other pilot programs and specialized initiatives also received funding.

In its goals for the future services system, DMHDD hopes to systematically build a comprehensive continuum of prevention, treatment and intervention, and support and rehabilitation services that are geographically accessible statewide. Since many of these services are not reimbursable through usual benefit packages, federal Block Grant funding has been key to the maintenance and development of such services.

The 2004 Community Mental Health Services (CMHS) Block Grant was allocated to fourteen private not-for-profit community mental health centers (CMHCs) and eight other community entities statewide. Services were targeted to maintain a reliable support and recovery service system for adults and to provide prevention and early intervention services to children and youth. Block Grant funded services were provided to 48,700 adults and family members, almost 85,000 students and nearly 6,000 parents, other significant stakeholders and the general public.

Accomplishments in the adult service system include on-going housing initiatives, expanded criminal justice liaison projects and increased regional awareness of and planning for older adult needs and culturally competent services. Services for children and youth continue to concentrate on early identification and intervention, school-based interventions, planned respite and the advancement of systems of care for children and youth statewide.

DMHDD provides service recipients and families with an array of primary, secondary and tertiary service continuums designed to:

- educate the public about mental illness and serious emotional disturbance
- provide targeted prevention and early identification and intervention services
- provide treatment services focused on the realization of recovery
- stabilize symptoms of mental illness or co-occurring disorders
- prolong community tenure and reintegration, and
- promote empowerment and participation in individual clinical care, rehabilitation and in the mental health system planning process as a whole.

Adult Services and Programs

Adult crisis response services are available 24/7 in every county. On-site crisis service staff at two 24-hour walk-in assessment and triage locations provide evaluation, medication and counseling services for up to eight hours. One Crisis Stabilization Unit, located in Chattanooga, serves medically stable adults who present in a psychiatric crisis and are assessed as needing a level of care greater than respite but less than inpatient psychiatric hospitalization.

Targeted Transitional Support assists persons eligible for discharge from the state psychiatric hospitals to move to community settings with temporary transition support until their financial benefits/resources are established. In FY 04, 598 adults received transitional support services.

An Intensive Long-Term Support service project was designed to provide intensive services to adults discharged from Moccasin Bend Mental Health Institute. Funding was provided to include psychiatric, nursing, case management and treatment services designed to maintain these adults in the community in supportive living facilities. These funds complement existing services, e.g., case management, outpatient psychiatric services, mobile crisis services, drop-in centers, etc., which have not sufficiently been able to meet the specialized needs of this population. Percentages of inpatient and community days pre and post placement in this service showed significant decreases in inpatient days (40% to 6%) and increases in community tenure (60% to 94%).

Since its inception in March 2000, the Creating Homes Initiative (CHI) has expanded the housing continuum by a total of 4,218 units/vouchers and leveraged a total of over $90,000,000 for housing development. During FY04, an additional $10,500,000 was leveraged, 271 units were added, and housing vouchers for existing housing were substantially increased.

A Real Choice Systems Change Grant was secured from SAMHSA to develop Housing Within Reach, an effective, consumer-directed housing resource system. The web site provides an avenue of access and choice that will lead to increased independence for those with mental illness and a vital tool toward recovery.

Outreach and case management services are available to homeless adults with mental illness through PATH (Projects for Assistance in the Transition from Homelessness) grants to ensure that persons eligible for services are aware of and have access to needed services. PATH grant programs operate in eight locations, three of which serve rural areas. Program staff conduct outreach during the year and open cases on those individuals willing to work with the project who meet the criteria of homeless and severe mental illness (SMI) or homeless with a co-occurring SMI and substance abuse disorder.

STATE AND BLOCK GRANT FUNDED SERVICES - ADULTS

$5,324,800 in Block Grant Funding was allocated during FY04 for adult services. Five percent (5%) of total Block Grant funding, or $415,751, was expended to provide administrative support for contracted services, i.e., State Mental Health Planning Council expenses, administrative staff, program monitoring, consultation, fiscal monitoring, and review.

In addition, DMHDD allocated $6,414,683 in state, federal grant supplements, and targeted dollars for non-TennCare services to adults. These services and projects are not covered services in the TennCare Partners Program.

Assisted Living Housing **$210,000**

Assisted living provides housing for adults with SMI who do not require the supervision of a Supportive Living Group Home, but do not yet possess the necessary skills for independent living. The programs consist of clustered apartment units, with one unit occupied by a live-in consumer "assisted living specialist" whose role is to serve as a mentor to and provide support for the other residents. The goal is to assist the consumer in a smooth transition to independent living. Funds support six assisted housing projects.

- 100 persons utilized assisted living apartments.

Consumer / Family Support Services **$537,931**

To develop consumer and family support groups that offer emotional support, education, and information to consumers with mental illness and their families. Funds provide for the Tennessee Mental Health Consumers Association (TMHCA) regional advocacy staff and support the on-going development of the BRIDGES (Building Recovery of Individual Dreams and Goals through Education and Support) educational program for mental health service recipients and Journey of Hope.

- BRIDGES conducted 35 classes to 612 consumers with 249 graduates.
- Provided 118 consumer support groups that served 2,506 consumers.
- Journey of Hope conducted 23 classes to 213 family members/others.

Co-Occurrence Project (2 Projects - Adults) **$420,613**

1) Supports an integrated approach to case management services for adults with co-occurring disorders of substance abuse and mental illness.
   - Quarterly average of persons served is 32.
   - Quarterly average of consumers maintaining community tenure = 95.6%.
   - Quarterly average of consumer satisfaction = 93%.
2) Supports an integrated approach to case management and vocational services for adults with co-occurring disorders of substance abuse and mental illness and provided support, education, and consultation for the development of integrated services for co-occurrence statewide.
   - Case management to a minimum of 16 service recipients per month.
   - Vocational job coaching services to a minimum of 4 consumers per month.
   - Maintains recovery network, self-help groups (Dual Recovery Anonymous), education and advocacy efforts.

Criminal Justice (CJ) / Mental Health (MH) Liaisons **$772,000**

Provided interventions for adults with mental illness or co-occurring disorders of mental illness and substance abuse who are in jail or at risk of being jailed and promotes collaborative efforts between CJ and MH. Services include liaison services, diversion activities, cross-training and education, and appropriate referral and linkage to follow-up services in the community. Goals are to enhance systems collaboration and cooperation, decrease recidivism, and ensure access to appropriate services. Ten agencies support projects serving 21 counties. Block Grant funds ($476,000) are supplemented by $296,000 in state funding

- Served 2,845 unduplicated individuals in 16 project sites.
- Provided 176 training events on mental health/criminal justice issues.

Cultural Competency **$24,200**
Amount contracted to the Mental Health Association to develop training curriculum for ethnic interpreters regarding mental illness and for providers on appropriate and effective utilization of interpreters.

Drop-in Centers (DIC) **$4,708,986**
A consumer-run peer support, education, and socialization program for adult consumers of mental health services. These sites provide a non-stigmatizing place to meet other consumers of mental health services. Member-planned activities provide opportunities for socialization, personal and educational enhancement, and emotional peer support for adults with serious mental illness. Funds support 50 centers serving 85 of 95 Tennessee counties.

- Served 42,403 adults at 50 sites – 2,976 new members.
- Provided 18,798 consumer chosen structured activities.

Drop-in Center Transportation **$300,000**
Provided funding for purchase and maintenance of vans for transportation of consumers to Drop-in Centers and planned activities.

HUD & Permanent Housing **$1,114,453**
Congregate group homes, supported apartments, and permanent housing for the homeless.

- 510 service recipients.

Independent Living Assistance **$602,000**
Subsidy to assist in getting and keeping housing and needed dental and eye care.

- Served 2,266 unduplicated individuals at 21 agencies – 49% rent-related, 46% utility-related, 3% dental, and 2% eye care.

Intensive Long-Term Support Program **$1,787,800**
This project provides for a variety of intensive supports and services that meet the individual needs of service recipients discharged from a state psychiatric hospital to enable them to reside in a stable community placement with minimal re-hospitalization. Includes two group homes.

- Before and after placement studies completed in FY04 indicate significant average decreases in inpatient days (40% to 6%) and increases in community tenure (60% to 94%)

Older Adult Care Project **$316,000**
The projects provide professional mental health counseling and peer counseling to adults age 55 and over who are homebound or otherwise unable or unwilling to access traditional mental health services. Services are provided in collaboration between a CMHC, community services for the aging and primary care sites. Funds support four programs.

- Eleven (11) Wellness Groups were provided to 550 seniors.
- Fifty-three (53) seniors received 289 peer sessions.
- One hundred and one (101) seniors received 555 mental health sessions.
- Eleven (11) older adult peer counselors were trained.

PATH – Projects for Assistance in Transition from Homelessness $355,500
Supplement to federal grant program to provide outreach and case management services to adults with serious mental illness who are homeless or at risk of homelessness.

- Provided outreach to 1,986 adults in eight locations; opened case management cases on 1,101 persons.
- In shelter or on street between time of admission and time of discharge fell from 54% to 24%.

Targeted Transitional Support $305,000
Funding to six agencies to provide necessary services to allow adults eligible for discharge to leave state hospitals until entitlements can be received.

- Discharged 598 persons under this program.
- Funding provided – 85% housing, 5% medication, 5% other needs, 4% mental health services, and 1% transportation.

Children & Youth (C&Y) Services and Programs

DMHDD staff closely monitors utilization of the state-operated psychiatric beds. Overall TennCare Partners Program (TCPP) inpatient utilization is monitored by the Behavioral Health Organization (BHO) and quarterly reports are prepared and reviewed by DMHDD and the TennCare Partners Roundtable committee. Reports include utilization rates per thousand and most frequent users tracking to promote alternative planning in the community.

The specialized contract for crisis services has had a positive effect on the inpatient utilization rates of children and youth. One goal of the program is to decrease the use of hospital emergency rooms by families or other caregivers as the first point of contact in a crisis situation. Current data indicates that 6,011 face-to-face assessments during FY04 resulted in an 81% diversion rate.

Until July 1, 2004, the mental health case management benefit under the TennCare Partners Program was exclusively for children and youth assessed with serious emotional disturbance (SED). After July 1, 2004, all children and youth will be eligible for this service based on medical necessity.

The system of mental health care for children and youth, including children and youth with SED, consists of four service delivery entities: TennCare/TennCare Partners Program; the Department of Children's Services (DCS) for children in or at risk of state custody; DMHDD-contracted services and state hospitals; and the Department of Health (DOH), Bureau of Alcohol and Drug Abuse Services.

- The Bureau of TennCare contracts with Managed Care Organizations (MCOs) and DMHDD contracts with BHOs to deliver medically necessary physical care, mental health care, and substance abuse services, including EPSDT assessments for TennCare eligible children and youth to age twenty-one. The Memorandum of Understanding (MOU) between the Bureau of TennCare and DMHDD serves to further the integration of policy and program development for children and youth receiving services under the TCPP.

- DMHDD, through Block Grant funding and state appropriations, contracts with multiple agencies to deliver education, prevention, early intervention, respite, and outreach mental health services for children and youth with or at risk of SED. DMHDD manages two children and youth inpatient psychiatric programs that provide acute and extended care and contracts for outpatient and inpatient mental health evaluations of children and youth ordered by juvenile courts.

In FY04, there were a reported 1,830 children and youth with a co-occurring diagnosis of SED and substance abuse in the TCPP.

The C&Y Homeless Outreach Project provides outreach and case management services for homeless children and youth in the Nashville/Davidson County area, the Johnson City area, and in the cities of Chattanooga, Knoxville, Jackson, and Memphis. Staff assist homeless families in identifying children and youth with SED or at risk of SED and help the parent(s) to secure needed mental health services for their children and link them with other services needed to keep the family intact and healthy.

Outreach staff also refer children for EPSDT screening, which often is the first contact with medical services since birth. While assessment and service access are available for homeless families with children with SED, or at risk of SED, follow-up with referral is dependent on follow-through and system capacity. The Homeless Outreach Program makes referrals for parents and children. These may include referrals for mental health evaluation, treatment, screening, substance abuse services, vocational and educational rehabilitation, entitlements, medical services and legal services.

The major goal of this program is to assess children in this high-risk population for SED and refer for evaluation and treatment. Accessing housing is a by-product of the intervention and is dependent upon a number of factors. As this is primarily an assessment and referral service, data collected does not reflect families that may have accessed housing after successful mental health treatment, substance abuse services, vocational, or educational referral.

Approximately 38% of TennCare Partner enrollees with SED reside in rural areas. Rural enrollees with SED received 37% of total mental health services. This is compatible with the overall state population estimate of 39% rural counties.

Numerous efforts have been made to assure DMHDD contracted services are accessible in rural areas and that the managed care provider network maintains geographical coverage. Of the BASIC sites for FY04, 68% are located in cities with populations under 10,000; and over 40% of those are cities under 5,000 in population. The Erasing the Stigma Project makes at least half of their presentations in rural counties. During FY04, approximately 44% of adults and 38% of children receiving services resided in a designated rural county.

STATE AND BLOCK GRANT FUNDED SERVICES – C&Y

$2,576,100 in Block Grant Funding was allocated to services for children and youth. These services and projects are not covered services in the TCPP. In addition, DMHDD awarded a total of $3,506,517 in state, federal grant supplements, and targeted dollars for non-TennCare C&Y services.

BASIC (Better Attitudes and Skills in Children) **$1,596,500**

BASIC is a public school-based (K-8) early intervention and prevention program. The program identifies and works with children with SED with a goal of reducing the incidence of adolescent and adult mental health problems. Most sites are in rural areas and are a partnership between a local school and the local community mental health center. Funds support 47 locations.

- Served 14,798 K-3 and 7,202 4-8 children and youth in 39 counties at 52 sites.
- Consultation, liaison and education services to 1,536 teachers.
- Identified 227 children with SED.

Co-Occurrence Project (2 Projects – C&Y)

1) Provided a co-occurring disorders curriculum to be included in the Erasing the Stigma program and supported presentations of the IC Hope program.
2) Supported development and refinement of a curriculum focusing on problems and facts about co-occurring disorders of mental illness and substance abuse for middle school students.
   - Fifty-two (52) presentations made to 848 students in five schools.
   - Five (5) program presentations made to the public.

Early Childhood Network **$145,000**

This is a collaborative effort on the local level to identify and address the mental health needs of preschool through third grade children through prevention and early intervention strategies. The effort is intended to provide a seamless and comprehensive system to identify and serve, at an early age, children in need of mental health services by networking all local agencies that work with this age group. Funding supports model projects in two counties that currently have regional intervention programs (RIP), BASIC, and Child Care Consultation and have identified gaps in services.

Early Childhood Intervention (Daycare Consultation) **$184,027**

A consultation, training, and referral service for preschool children with behavior problems in day care settings.

- Approximately 2,000 children.

Early Childhood Network **$145,000**

A collaborative effort on the local level to identify and address the mental health needs of preschool through third grade children through prevention and early intervention strategies leading to a system of care.

Erasing the Stigma/Kids on the Block **$135,000**

Promotes understanding of mental illness by providing education and information about mental health and mental illness to children and youth with serious emotional disturbance, their needs and the needs of their families.

- Total of 596 Kids on the Block and ETS presentations served 3,309 adults and 47,484 children.

Homeless Outreach Project **$235,000**

Provided outreach and case management to families with children who are homeless to identify and refer those children and youth with SED or at risk of SED.

- Referred 1,019 to appropriate services through outreach.
- Provided services to 435 families and 895 children.
- Nineteen percent (19%) of families achieved permanent housing.

- Twenty-five percent (25%) of children referred for EPSDT; 17% identified as SED.

Jason Foundation **$72,500**

In response to the Surgeon General's Call to Action to Prevent Suicide Plan, one Tennessee strategy targets educational programs for youth that address suicide. The Jason Foundation offers a Triangle of Prevention approach for awareness and prevention of youth suicide. The Triangle of Prevention consists of programs that address youth, parents, and teachers/educators in suicide awareness and prevention through educational programs and seminars. Youth suicide prevention curriculum was provided in middle and high schools across the state as well as churches and other community organizations that work with children.

- Added 171 new locations serving 31,233 (does not include all students served as 42 locations did not include number of students impacted).
- Total sites served to date is 725, impacting 181,815 students.
- Parent/Teacher Seminars presented to 2,114 teachers and 2,400 parents.
- Youth Seminars presented to 2,460 students.

Mental Health 101 **$60,000**

Provided educational and support services for children of parents with serious mental illness and curriculum for middle and high school students.

- Provided a training program for potential children's support group facilitators from across the state.
- Provided 48 Mental Health 101 presentations in 21 schools to 3,866 students.

NAMI-Visions for Tomorrow **$72,500**

A program that provides education for families of children with SED, utilizing a train-the-trainer model. The goal of the program is to empower parents, guardians and other caregivers to become advocates for their children and to develop tools to help other families in a supportive, educational manner.

- Seven (7) classes held in each of three (3) grand regions with 72 students receiving the curriculum.
- Trained a total of 257 teachers in the Visions for Tomorrow curriculum.
- Two (2) volunteer training events were offered with 20 volunteer participants.

Pediatric Liaison **$70,000**

Liaison positions into the pediatric community to encourage early assessment, identification, and appropriate treatment for children and youth with SED not currently accessing the mental health system. Staff provide assessments to identify children in need of mental health treatment services, facilitate referral to the appropriate community provider for services, and provide education about and referral to EPSDT assessments.

- Approximately 150 children.

PEER Power (Prevention Education Enhances Resiliency) **$100,000**

Byrne Grant program for grades 4-8 that strengthens youth resiliency through social skill enhancement.

- Provided PEER Power services in 112 classrooms for schools in 7 counties in Middle TN.
- Provided 979 hours of direct classroom services with 20,872 contacts.
- Pre/post test results = 54% reduction in discipline referrals; 11% improvement in student behavior, and 94% overall positive student satisfaction.

Planned Respite / Respite Voucher Services **$736,550**

This program provides planned respite services to families of children with SED, or dually diagnosed with SED and mental retardation, who are 2-15 years of age. Respite consultants assist in identifying and developing community-based respite resources and work with families to utilize these resources in the most effective manner. Individualized family respite plans are developed with the family. Funds support 6 respite programs statewide.

- Approximately 350 children.

Primary Care Interface **$30,000**

The intent of this project is to create access to mental health services in a community health office. The project provides a behavioral health specialist as an integrated staff member of a small group practice in family medicine.

Regional Intervention Program (RIP) **$989,486**

A program designed for the early treatment of children under age six with moderate to severe behavior disorders and their caregivers.

- Approximately 640 children.

TN Suicide Prevention Network **$110,000**

Provided suicide survivor support groups across the state and trained staff in suicide intervention techniques.

- Trained 812 persons in ASIST (Applied Suicide Intervention Services Training)
- Received an average of 200 calls per month on 1-800 SUICIDE line

TN Voices for Children **$297,959**

Provided for a variety of education, support and outreach services regarding children with serious emotional disturbance to parents and professionals across the state.

- An average of 13 support groups were attended by 161 parents and caregivers.
- Parent contacts = 4,777; professional contacts = 6,726.
- Families served = 638 with 282 children and youth.
- Family outreach specialists gave 46 presentations to 2,022 participants.

OTHER STATE OR BLOCK GRANT FUNDED SERVICES

All-Hazards Disaster Response Training **$15,000**

State funding to provide for certified courses in critical incident stress management (CISM) for first responders and behavioral health providers on CISM teams across the state.

- Trained 171 individuals – 64 in Group CISM (3 events); 66 in Individual/Peer CISM (4 events); and sponsored 41 to International Critical Incident Stress Management Conference.

Emergency Response Capacity Grant **$99,999**

Federal funding for two years to build state's emergency response infrastructure.

- In collaboration with the Mental Health Association of East TN, established a Knox County Disaster Response Coalition.
- Established protocols with Red Cross for mental health response.

- Provided local emergency management with behavioral health resource information.
- Promoted participation in disaster and bioterrorism exercises and training events.
- Provided all-hazards response education to community and civic groups.

DMHDD Facilities

DMHDD operates five Regional Mental Health Institutes (RMHIs) to provide evaluation, treatment and discharge planning for individuals who meet admission criteria or are admitted pursuant to a court order. DMHDD directly provides inpatient mental health service through the operation of the RMHIs.

In recent years, private providers of inpatient mental health services have closed, reduced their bed capacity or placed strict limits on the number of seriously mentally ill individuals they will serve. Because the RMHIs are the safety net for admission and treatment of persons regardless of the severity of their conditions or ability to pay, the state must maintain some level of state-operated inpatient services for persons across the state that cannot get services from other providers.

Fiscal Year 2004

Statistical Data
Regional Mental Health Institutes

	Lakeshore	Middle Tennessee	Western	Moccasin Bend	Memphis	Total
Admissions	3,015	4,262	2,159	3,859	1,372	14,667
Discharges	3,026	4,266	2,200	3,900	1,402	14,794
Average Daily Census	176	276	258	157	93	960
Cost Per Occupancy Day*	$460.47	$447.07	$354.01	$421.73	$669.55	$441.93

*Last column indicates average cost per day for all institutions.

DMHDD Financial Picture FY 2004

REVENUE			Percent of Total Revenue
Appropriations *		$105,380,700	48.5%
Federal		$22,166,500	10.2%
Current Services		$60,074,500	27.6%
Inter-Departmental		$29,779,100	13.7%
	Total	**$217,400,800**	100%

* Appropriations includes Reserves

EXPENDITURES			Percent of Total Expenditures
Administrative Services		$12,106,300	
Major Maintenance & Equipment		$810,200	
	Subtotal	**$12,916,500**	5.94%
Community MH		**$49,209,300**	22.64%
Mental Health Institutes			
Lakeshore MHI		$29,661,900	
Middle TN MHI		$45,161,000	
Western MHI		$33,428,600	
Moccasin Bend MHI		$24,233,600	
Memphis MHI		$22,789,900	
	Subtotal	**$155,275,000**	71.42%
	Total	**$217,400,800**	100%

TDMHDD PLANNING AND POLICY COUNCIL

The DMHDD Planning and Policy Council met on August 26, 2003, November 18, 2003, February 24, 2004 and June 29, 2004. The Council established new committees that began in FY 04: Planning, Service Delivery, Legislative, Budget, and Executive.

At the August meeting, Commissioner Betts requested advice from the Council on whether the Department should support and co-sponsor the MTMHI Cemetery Project. The Council voted to recommend that the Department support the proposal for the Cemetery Project with the understanding that it be a statewide project and only monies that did not detract from service dollars be used. Arrangement for maintenance of the monument is to be established in a way that does not remove resources from DMHDD.

The Planning Committee worked on establishing an information/feedback process by which information feeds from the DMHDD Planning and Policy Council to the Mental Health (MH) and the Developmental Disabilities (DD) Planning and Policy Councils to the MH and DD Regional Planning and Policy Councils and back to the DMHDD Planning and Policy Council.

The Commissioner requested advice on using the statutorily required planning process to provide input to staff in meaningful and useful ways to address the best ways to deliver services. The Council suggested that the potential service models be presented to the Mental Health Planning and Policy Council and the Developmental Disabilities Planning and Policy Council to gather regional input and relay it back to the DMHDD Planning and Policy Council and the Commissioner.

The Council approved the Service Delivery Committee's motion to endorse the DD Planning and Policy Council's recommendations regarding the proposed MR (mental retardation) crisis teams. In a 9/15/03 letter to the DMHDD Commissioner and the Deputy Commissioner of the

Division of Mental Retardation Services (DMRS), the Chairman outlined the following recommendations: (1) that the new teams be called "Urgent Intervention Teams" if the intent is to use these teams whenever a person's behavior starts escalating to the point of jeopardizing their residential placement, but is not in a crisis situation; (2) the approximately $900,000 appropriated for the three teams should be used to fund a pilot project in each of the three grand regions rather than attempting to implement the program statewide; and (3) the project should be designed to evaluate its effectiveness and potential for replication.

The Council recommended that the two vacant positions in the Office of Developmental Disabilities be filled due to concern that there is no focus on developmental disabilities without staff leadership.

The Legislative Committee reviewed and supported recommendations for legislation which included: correcting errors that occurred in Title 33 during the codification process; amending Title 68 to exclude mental health residential treatment facilities from the Certificate of Need process; and adding enforcement authority in Title 33 for DMHDD to obtain information on isolation and restraint and electroconvulsive therapies.

In August, the Budget Committee finalized its recommendations for the Department's budget request. The top priorities included: DD Expansion, mental health services in criminal and juvenile justice systems, transition services for adolescents, co-occurrence, needs assessment, and employment.

In November 2003, the Chairman wrote a letter to the Commissioner on behalf of the Council protesting the 5% budget reduction.

On May 17, 2004, the Chairman sent a letter to the Governor on behalf of the Council with recommendations for the use of additional funds available for the FY 05 budget. The priorities for additional funding included: (1) addressing the Institutions for Mental Diseases (IMD) exclusion by developing crisis stabilization units and walk in centers to lessen the admissions to the RMHIs; (2-tie) expansion of developmental disabilities services; (2-tie) creating jobs for persons with mental illness; and (3) prevention services for children.

Only one improvement in the FY 2005 budget was approved by the General Assembly: a mandatory upgrade to the Behavioral Health Hospital Information System (BHIS) in the amount of $900,000.

At the November 18, 2003 meeting, the Council voted to endorse the following recommendations from the Service Delivery Committee:

(1) That information, education and referral to families of people with DD be focused on and implemented statewide. This should be a priority for the DD Director when that position is filled.
(2) The Service Delivery Committee will monitor the RFP process, including the design, outcomes, utilization and distribution of resources of Behavioral Health Organization (BHO) service delivery.
(3) The Budget Committee will closely monitor IMD exclusion and how to make up for the loss of federal funds at the institutes.
(4) Request that the Dept. resubmit the grant for substance abuse and mental health disorders when the next round of proposals is accepted.

The Service Delivery Committee asked for specific information on employment efforts for people with mental illness. Employment for people with mental retardation has had much better progress, and benchmarks have been set for up to 50% of the population being employed.

The Council adopted the Legislative Committee motion to ask that one or two candidates proposed for the Pharmacy Advisory Board have experience with MH/MR/DD medications.

In January 2004, the Chairman wrote a letter to Gov. Bredesen, in response to remarks made in the McKinsey report, to provide rationale for maintaining a carve out of behavioral health services in the TennCare program.

At the February 24, 2004 meeting, Commissioner Betts asked that the DMHDD and MH planning and policy councils form an expert group to address major issues that could arise from TennCare reform: (1) How should "disability" be defined? (2) How will the limits on the amount paid for drugs and prescription limit impact the public mental health system? (3) How could the improvement of disease management be targeted to the Department's populations to get the best outcomes? (4) What would be the safety net provisions for people who do not qualify for TennCare or need more benefits than TennCare can provide?

On April 26, 2004, the Chairman sent a letter to the Deputy Commissioner, Division of Mental Retardation Services, requesting participation from DMRS in the Council in order to fulfill the statutory mandate and to plan for improved service systems.

The DD Planning and Policy Council recommended to the DMHDD Council that if there is a major rewrite of Title 33, the planning and policy councils should play a significant role; the councils are crucial and should be more than just advisory groups.

Council members received and reviewed the annual report on electroconvulsive therapy (ECT) and Isolation and Restraint (I&R). Of 52 hospitals contacted, only 8 are equipped to give ECT, and all responded. Of the hospitals contacted, 33 responded with I&R data. The Chairman suggested review and evaluation of the questions posed and the method of how patient days are counted. After the IMD exemption ends, trending data from private psychiatric units in general hospitals to determine how I&R are dealt with should be a part of contract renewal.

The Vice-Chairman reported the five primary recommendations developed by the Dual Diagnosis Task Force. The group found few quality programs for people with a diagnosis of developmental disabilities and mental illness. Their recommendations are:

(1) Interagency Cooperation, Collaboration and Advocacy
(2) Training and Public Information and Education
(3) Fiscal Considerations: Differential rate for BHO-funded services; inclusion of mental health supports in MR Home & Community Based Waivers; financial incentives aligned with system outcomes
(4) Community-Based Approach
(5) Evaluation and Accountability

The Council voted to approve a recommendation to the Commissioner stating the Council's position on integration of mental health and developmental disability service system planning in DMHDD in compliance with Title 33, including planning for A&D services. On June 30, the Chairman sent a letter to the Commissioner voicing the Council's support to unify mental health and mental retardation service systems under the auspice of DMHDD and to include developmental disabilities as a part of that system as required by Title 33. Title 33 requires the

DMHDD Planning and Policy Council to address services issues for people whose needs are at the intersection of the mental health, developmental disabilities and/or alcohol and substance abuse service systems.

As this is the third year of the Three Year Plan, the Planning Committee of the Council proposed a major revision for FY 05. There were suggestions for inclusion in this year's plan, including strategies relating to the Department's reorganization and strategies to ensure equitable access to services and resources statewide.

Attendance:

August 26, 2003
Present: Wanda Baker, Bob Benning, Comm. Virginia Trotter Betts, Michael Cartwright, Dr. Jim Causey, Bonnie Currey, Andy Fox, Dr. Bobby Freeman, Katy Gammon, Mary Hamlett, Turner Hopkins, Pam Jackson, Joe Marshall, Sheryl McCormick, Don Redden, Mary Rolando, Carol Westlake, Jim Whaley
Absent: Dr. Bill Allen, Dr. Frank Cardona, Joe Fisher, Rep. Mark Maddox, Dr. Herb Meltzer, Dr. Stephanie Perry

November 18, 2003
Present: Dr. Bill Allen, Wanda Baker, Bob Benning, Comm. Virginia Trotter Betts, Rick Bradley (for Dr. Stephanie Perry), Dr. Frank Cardona, Michael Cartwright, Dr. Jim Causey, Bonnie Currey, Andy Fox, Turner Hopkins, Joe Marshall, Sheryl McCormick, Donald Redden, Mary Rolando, Laura Stewart, Carol Westlake
Absent: Carl Brown, Joe Fisher, Dr. Bobby Freeman, Katy Gammon, Mary Hamlett, Pam Jackson, Rep. Mark Maddox, Dr. Herb Meltzer, Jim Whaley

February 24, 2004
Present: Dr. Bill Allen, Virginia Trotter Betts, Dr. Jim Causey, Bonnie Currey, Amy Fortner (for DCS), Dr. Bobby Freeman, Turner Hopkins, Pam Jackson, Ira Lacey (for Dr. Stephanie Perry), Joe Marshall, Sheryl McCormick, Don Redden, Jim Whaley
Absent: Wanda Baker, Bob Benning, Carl Brown, Dr. Frank Cardona, Michael Cartwright, Joe Fisher, Andy Fox, Katy Gammon, Mary Hamlett, Rep. Mark Maddox, Dr. Herb Meltzer, Carol Westlake, Jim Whaley

June 29, 2004
Present: Bob Benning, Commissioner Virginia Betts, Michael Cartwright, Jim Causey, Bonnie Currey, Bobby Freeman, Turner Hopkins, Pam Jackson, Ira Lacey (for Stephanie Perry), Joe Marshall, Sheryl McCormick, Don Redden, Mary Rolando, Carol Westlake, Jim Whaley, Diana Melton (for Mary Beth Franklyn)
Absent: Bill Allen, Wanda Baker, Carl Brown, Frank Cardona, Joe Fisher, Katy Gammon, Mary Hamlett, Rep. Mark Maddox, Herbert Meltzer